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CONFIRMATION NO. 4640

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/823,220 | 04/13/2004 RULE | 600 | 3763 | 7122USP1 |

APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/696,830 10/30/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
06/24/2004

| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Verified and Acknowledged | /MANUEL A MENDEZ/ Examiner's Signature | Initials | IL | 9 | 83 | 6 |

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TITLE

Medical device system

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|------------------------------------|---|--|
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